

FEDERAL BLOCK GRANT QUARTERLY EXPENDITURES

Provider Name _____

Provider Number _____

<u>MONTH</u>	<u>MONTHLY EXPENDITURE</u>	<u>ESTIMATED ACTUAL FOR 3RD MONTH</u>	<u>REVERSE EST. ACTUAL ESTIMATE</u>	<u>YTD TOTAL</u>
July		XXXXXXXXXX		
August		XXXXXXXXXX		
September			(XXXXXXXXXX)	
October		XXXXXXXXXX		
November		XXXXXXXXXX		
December			(XXXXXXXXXX)	
January		XXXXXXXXXX		
February		XXXXXXXXXX		
March			(XXXXXXXXXX)	
April		XXXXXXXXXX		
May		XXXXXXXXXX		
June				